

S'COOL Rover Report Form

Nickname: _____ Age: _____ Skill Level: _____
City: _____ State: _____ Country: _____ Latitude: _____
Date (ex.. 2007 09 20): Year ____ Month ____ Day ____ Longitude: _____
Local Time (24 Hour Clock: ex. 14 26): Hour ____ Minute ____ Universal Time: Hour ____ Minute ____ DST: Yes or No

Cloud Observations: _____ (Select the most prevalent cloud type at each level where clouds exist. Cloud Cover and Visual Opacity must be determined for each level observed. Use the comment section for further descriptions.)

- ☐ Clear Sky - No clouds observed (skip to the "Surface Cover" section)
☐ Clouds Present - (continue to level(s) observed – don't forget to count contrails if present)

High Level

Number of Persistent Contrails Present _____ Number of Short-Lived Contrails Present _____

Cloud Type:

- ☐ Cirrus
☐ Cirrocumulus
☐ Cirrostratus

Cloud Cover:

- ☐ Clear (0-5%)
☐ Partly Cloudy (5% - 50%)
☐ Mostly Cloudy (50% - 95%)
☐ Overcast (95% - 100%)

Visual Opacity:

- ☐ Opaque
☐ Translucent
☐ Transparent

Mid Level

Cloud Type:

- ☐ Altostratus
☐ Altocumulus

Cloud Cover:

- ☐ Clear (0-5%)
☐ Partly Cloudy (5% - 50%)
☐ Mostly Cloudy (50% - 95%)
☐ Overcast (95% - 100%)

Visual Opacity:

- ☐ Opaque
☐ Translucent
☐ Transparent

Low Level

Cloud Type:

- ☐ Fog
☐ Stratus
☐ Nimbostratus
☐ Cumulus
☐ Cumulonimbus
☐ Stratocumulus

Cloud Cover:

- ☐ Clear (0-5%)
☐ Partly Cloudy (5% - 50%)
☐ Mostly Cloudy (50% - 95%)
☐ Overcast (95% - 100%)

Visual Opacity:

- ☐ Opaque
☐ Translucent
☐ Transparent

Ground Observations:

Surface Cover: (Mandatory)

- | | |
|--------------------------|--|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Snow/Ice |
| <input type="checkbox"/> | <input type="checkbox"/> Standing Water |
| <input type="checkbox"/> | <input type="checkbox"/> Muddy |
| <input type="checkbox"/> | <input type="checkbox"/> Dry Ground |
| <input type="checkbox"/> | <input type="checkbox"/> Leaves on Trees |
| <input type="checkbox"/> | <input type="checkbox"/> Raining/Snowing |

Surface Measurements: (Optional – you may submit any or all)

Temperature:

_____ Celsius or
_____ Fahrenheit

Barometric Pressure: (Select one)

_____ hPa _____ psi
_____ mb _____ inches Hg
_____ atm _____ torr (mm Hg)

Relative Humidity : _____ %

Comments:

Revised 4/25/08